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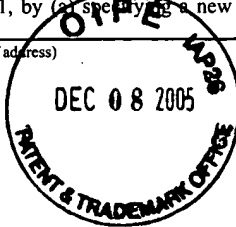
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09/09/2005

**DILLON & YUDELL LLP**  
**8911 NORTH CAPITAL OF TEXAS HWY**  
**SUITE 2110**  
**AUSTIN, TX 78759**



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## Certificate of Mailing or Transmission

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Vicky Filipowsky

(Depositor's name)

*Vicky Filipowsky*  
 12/5/05

(Signature)

(Date)

12/08/2005 FMETEK12 00000004 502587 10753601

01 FC:1501 1400.00 DA  
 02 FC:1504 300.00 DA  
 03 FC:18001 3.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/753,601	01/08/2004	Naoyuki Kagami	JP920000239US2	6347

TITLE OF INVENTION: CONTROL METHOD AND APPARATUS FOR REDUCING THE EFFECTS OF HARD DISK CONTAMINATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	12/09/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
NEGRON, DANIEL L	2651	360-031000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Robert B. Martin2 Dillon & Yudell LLP

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**Hitachi Global Storage Technologies**  
**Netherlands B.V.**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Amsterdam, The Netherlands

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☒ Advance Order - # of Copies 1

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- ☐ A check in the amount of the fee(s) is enclosed.  
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☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment Deposit Account Number 50-2587 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date Dec. 5, 2005Typed or printed name Andrew J. DillonRegistration No. 29,634

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